

jc657 U.S. PTO  
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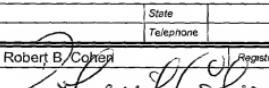
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PTO/SB/05 (03-01)

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>SCEIYO 3.0-122</b>	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor <b>Minoru Hashimoto</b>	
APPLICATION ELEMENTS		Title <b>COMMUNICATION SYSTEM</b>	
See MPEP chapter 600 concerning utility patent application contents.		Express Mail Label No. <b>EL807552481US</b>	
1 <input checked="" type="checkbox"/> <b>X</b> Fee Transmittal Form (e.g., PTO/SB/17) (Submit on original, and a duplicate for fee processing)		Box Patent Application <b>ADDRESS TO:</b> Commissioner for Patents, Washington, DC 20231	
2 <input type="checkbox"/> Applicant claims small entity status <b>See 37 CFR 1.27</b>		7 <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
3 <input type="checkbox"/> Specification [Total Pages <b>20</b> ]  (Preferred arrangement set forth below) - Descriptive title of the invention - Drawings showing all subject matter disclosed - Statement Regarding Filing Sponsored R & D - Reference to Sequence Listing, a table, or a drawing, each, if applicable - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims - Abstract of the Disclosure		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a <input type="checkbox"/> Computer Readable Form (CRF) b <input type="checkbox"/> Specification Listing on i <input type="checkbox"/> CD-ROM or CD-R (2 copies), or <input type="checkbox"/> paper c <input type="checkbox"/> Statements verifying identity of above copies	
4 <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>5</b> ]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5 Oath or Declaration [Total Pages <b>1</b> ]  a <input type="checkbox"/> Newly executed (original or copy) b <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) i <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
6 <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76		11. <input type="checkbox"/> English Translation Document (if applicable)	
18 If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No _____		13. Preliminary Amendment	
Prior application information. Examiner _____ Group / Art Unit _____		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) Foreign priority claim(s) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(ii) Applicant must attach form PTO/SB/35 or its equivalent	
For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application from which an oath or declaration is supplied under Box 5a, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		15. <input checked="" type="checkbox"/> Other <b>Unexecuted Declaration</b>	
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 000530	<input type="checkbox"/> Correspondence address below
Name _____		_____	
Address _____		_____	
City _____ State _____ Zip Code _____		Telephone _____ Fax _____	
Country _____		_____	
Name (Print/Type) <b>Robert B. Cohen</b>		Registration No. (Attorney/Agent) <b>32,768</b>	
Signature 		Date <b>February 20, 2002</b>	

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 992.00)

**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Minoru Hashimoto
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No	SCEIYO 3.0-122

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				
Deposit Account Number 12-1095				
Deposit Account Name Lemer, David, Littenberg, Krumholz & Mentlik, LLP				
The Commissioner is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments		
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account				

**FEES CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370 Utility filing fee	740.00
106	330	206	165 Design filing fee	
107	510	207	255 Plant filing fee	
108	740	208	370 Reissue filing fee	
114	160	214	80 Provisional filing fee	
SUBTOTAL (1) (\$)		740.00		
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>				
Extra Claims Fee from below Fee Paid				
Total Claims	12	-20** =	0	= 0.00
Independent Claims	6	-3** =	3	= 252.00
Multiple Dependent				
<b>Large Entity Small Entity</b>				
Fee Code	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103	18	203	9 Claims in excess of 20	561.40
102	84	202	42 Independent claims in excess of 3	146.740
104	280	204	140 Multiple dependent claim, if not paid	149.740
109	84	209	42 ** Reissue independent claims over original patent	179.740
110	18	210	9 ** Reissue claims in excess of 20 and over original patent	109.900
SUBTOTAL (2) (\$)		252.00		
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0.00)				

\*\* or number previously paid, if greater. For Reissues, see above

**Complete if applicable**

Name (Print/Type)	Robert B. Cohen	Registration No (Name/Agent)	32,768	Telephone	(908) 518-6316
Signature				Date	February 20, 2002